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PTO/SB/50 (02-01)  
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## REISSUE PATENT APPLICATION TRANSMITTAL

### Address to:

U.S. Patent and Trademark Office  
P.O. Box 2327  
Arlington, Virginia 22202  
Box Reissue

Attorney Docket No.	1001-13 RES
First Named Inventor	Pacifico et al.
Original Patent Number	6,251,478 B1
Original Patent Issue Date (Month/Day/Year)	June 26, 2001
Express Mail Label No.	EL 709116172 US

### APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

### APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/ 56)  
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent  
format (amended, if appropriate)
4. ☐ Drawing(s) (proposed amendments, if appropriate)
5. ☐ Reissue Oath/Declaration (original or copy)  
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. ☐ Power of Attorney
7. Original U.S. Patent currently assigned? ☐ Yes ☐ No  
(If Yes, check applicable box(es))  
☒ Written Consent of all Assignees (PTO/SB/53)  
☒ 37 C.F.R. § 3.73(b) Statement  
(PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix)  
or large table
9. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all of the following are necessary)
  - a. ☐ Computer Readable Form (CFR)
  - b. Specification Sequence Listing on:
    - i ☐ CD-ROM (2 copies) or CD-R (2 copies); or
    - ii ☐ paper
  - c. ☐ Statements verifying identity of above copies

### ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status and support for all changes  
to the claims. See 37 CFR 1.173 (c).
11. ☐ Original U.S. Patent for surrender  
☐ Ribbioned Original Patent Grant  
☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS  
Citations
14. ☐ English Translation of Reissue Oath/Declaration  
(if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
17. Other: .....

### 18. CORRESPONDENCE ADDRESS



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or ☐ Correspondence address below

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43,128

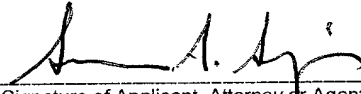
Signature

Date

11-29-01

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 1001-13 RES		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 20	Total Claims (37 CFR 1.16(j))	(B) 34	**** 14 =	x \$ _____ =		or	x \$18 = 252.00	
(C) 1	Independent claims (37 CFR 1.16(i))	(D) 2	* 0 =	x \$ _____ =			x \$ 84 = 84.00	
Basic Fee (37 CFR 1.16(h))				\$ _____			\$740.00	
Total Filing Fee				\$ _____		OR	\$1076.00	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =		x \$ _____ =	
Total Additional Fee					\$ _____		OR	\$ _____
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____.</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____.</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>								
<p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p>								
<p>11-29-01</p> <p>Date</p>				<p></p> <p>Signature of Applicant, Attorney or Agent of Record</p> <p>Susan A. Sipos, Esq.</p> <p>Typed or printed name</p>				

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Patentees: Pacifico, et al.

Docket: 1001-13 RES

Original Patent No.: 6,251,478 B1

Date: November 21, 2001

Original Patent Issue Date: June 26, 2001

For: SENSITIVE SUBSTANCE  
ENCAPSULATION

Assistant Commissioner for Patents  
Washington, DC 20231

**CONSENT OF ASSIGNEE TO REISSUE PATENT**  
**PURSUANT TO 37 C.F.R. §1.172(a)**

Sir:

Balchem Corporation, Assignee of United States Patent No. 6,251,478 B1, consents to  
the filing of the present application for the reissue of United States Patent No. 6,251,478 B1.

Date: Nov 21, 2001

By: Patricia Siuta-Cruce  
Patricia Siuta-Cruce  
Vice-President, Technology  
Balchem Corporation

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